



In re Application of: MOTOMIYA, YUKI et al

Application No.: 10/516,688

I. A. Filing Date: June 6, 2003

Filed: December 6, 2004

For: ...AGENT FOR TREATMENT OF METABOLIC BONE DISEASE

Customer Service Window, Mail Stop Amendment

Honorable Commissioner for Patents
 U.S. Patent and Trademark Office
 Randolph Building, 401 Dulany Street
 Alexandria, Virginia 22314

Sir:

Transmitted herewith is a REPLY, AMENDMENT AND REMARKS in the above-identified application.

[] Small Entity Status: Applicant(s) claim small entity status. See 37 C.F.R. §1.27.

[] No additional fee is required.

[XX] The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS
TOTAL * 4	MINUS ** 20	0
INDEP. * 1	MINUS *** 3	0

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

SMALL ENTITY	
RATE	ADDITIONAL FEE
x 25	\$
x 100	\$
+ 180	\$
ADDITIONAL FEE TOTAL	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x 50	\$
x 200	\$
+ 360	\$
TOTAL	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

[XX] Conditional Petition for Extension of Time

If any extension of time for a response is required, applicant requests that this be considered a petition therefor.

[XX] It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:

Small Entity		Other Than Small Entity	
Response Filed Within		Response Filed Within	
[] First	-\$ 60.00	[] First	-\$ 120.00
[] Second	-\$ 225.00	[] Second	-\$ 457.00
[] Third	-\$ 510.00	[] Third	-\$ 1020.00
[] Fourth	-\$ 795.00	[XX] Fourth	-\$ 1,515.00
Month After Time Period Set		1020.00 OP	

[] Less fees (\$_____) already paid for ____ month(s) extension of time on _____.

[] Please charge my Deposit Account No. 02-4035 in the amount of \$_____.

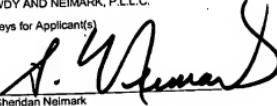
[XX] Credit Card Payment Form, PTO-2038, is attached, authorizing payment in the amount of \$1020.00.

[] A check in the amount of \$_____ is attached (check no.).

[XX] The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and request is not limited to payment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR §1.16 and all patent processing fees under 37 CFR §1.17 throughout the prosecution of the case. This blanket authorization does not include patent issue fees under 37 CFR §1.18.

BROWNDY AND NEIMARK, P.L.L.C.

Attorneys for Applicant(s)

By: 
 Sheridan Neimark
 Registration No. 20,520

Facsimile: (202) 737-3528
 Telephone: (202) 628-5197